

# AMENDED ALASKA CORPORATION NET INCOME TAX RETURN

Department	Use Only
FSN.SEQ	ENVELOPE

# 611X

Federal EIN			EIN used on original return, if different		For the tax year ended:
Name			Name used on original return, if different		
Address			Phone number	Fax number	
City	State	Zip +4	Contact phone number	E-mail address	
<input type="checkbox"/> Check if under Audit at this time by the Alaska Department of Revenue			Contact person	Title	

**Note:** Complete Form 611N to carry back net operating losses and net capital losses

	(a) As originally reported or as adjusted	(b) Net change (Explain in Part II)	(c) Correct Amount	DEPARTMENT USE ONLY
1. Apportionable income .....				
2. Alaska apportionment factor .....				
3. Alaska apportioned income .....				
4. Non-business income (loss) .....				
5. Alaska Items .....				
6. Alaska Income (total of lines 3, 4, 5) .....				
7. Alaska net operating loss deduction .....				
8. Alaska Taxable Income .....				
9. Alaska Income Tax .....				
10. Other Taxes .....				
11. Federal-based credits .....				
12. Total Tax (Total of lines 9, 10, 11) .....				
13. Incentive Credits .....				
14. Alaska Education Credit .....				
15. Net Alaska income tax. (Total of lines 12, 13, 14) .....				
16. Net payments. (Total previous payments less total previous refunds, credits, penalties and interest ) .....				
17. (a) If tax on line 15, column (c) is larger than net payments on line 16, enter tax due .....				
(b) Interest on amount on line 14(a) from __/__/__ to __/__/__ (See instructions for interest rates) .....				
(c) Total amount due .....				
18. If prepayments on line 16 are larger than tax on line 15, column (c), enter overpayment .....				

**ADDITIONAL REQUIRED INFORMATION:** An Explanation of changes and a complete copy of the federal amended return, if filed, must be provided to constitute a complete amended return.

*I declare, under penalties of perjury, that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Preparer's declaration is based on all information of which preparer has any knowledge.*

Officer's signature	Date	Title	
Preparer's signature	Date	Preparer's SSN or PTIN	<input type="checkbox"/> Check if Self-Employed
Firm's name	EIN		<input type="checkbox"/> check if DOR may discuss this return with the preparer (see Instructions)
Firm's address	City	State	Zip + 4

Validation#	CFWD
	REFUND
	APPROVED
	DATE

Mail to: ALASKA DEPARTMENT OF REVENUE  
TAX DIVISION  
PO BOX 110420  
JUNEAU AK 99811-0420

# 611X

Retain a copy for your records

0405-611X Rev 12/09

**STATE OF ALASKA**  
**CORPORATION NET INCOME TAX**  
**Application for Tentative Refund**

Department Use Only
ENVELOPE

**611N**

Federal EIN			EIN Used on original return, if different	
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Address			Phone number	Fax number
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1	This application is to carry back:	a.	Net operating loss	
		b.	Net capital loss	
2.	Loss year		Tax Year ended	

**Computation of Decrease  
in Tax**

		FSN:		FSN:		FSN:	
		3rd preceding tax year		2nd preceding tax year		1st preceding tax year	
		(a) before Carryback	(b) after Carry back	(c) before carryback	(d) after carryback	(e) before Carryback	(f) after carry back
3.	Taxable income from Alaska tax return						
4.	Net capital loss deduction						
5.	Subtract line 4 from line 3						
6.	Net operating loss deduction after carryback						
7.	Taxable income. Subtract line 6 from line 5						
8.	Income Tax						
9.	Credits						
10.	Other taxes						
11.	Net income tax. Subtract line 9 from line 8 and add line 10						
12.	Net payments. (Total previous payments less total previous refunds, credits, penalties and interest						
13.	Enter amounts from line 11, columns (b), (d) and (f)						
14.	Net overpayment. Subtract line 13 from line 12						
15.	Total refund claimed .....						

*I declare, under penalties of perjury, that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Preparer's declaration is based on all information of which preparer has any knowledge.*

Officer's signature	Date	Title		
Preparer's signature	Date	Preparer's SSN or PTIN	<input type="checkbox"/> Check if Self-Employed	
Firm's name	EIN	<input type="checkbox"/> check if DOR may discuss this return with the preparer (see Instructions)		
Firm's address	City	State	Zip + 4	

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